

*7/24/00*

| POSITION                  | INITIALS   | ID NO.       | DATE            |
|---------------------------|------------|--------------|-----------------|
| FEE DETERMINATION         | <i>Per</i> |              | <i>7/24/00</i>  |
| O.I.P.E. CLASSIFIER       |            | <i>15</i>    | <i>7/24</i>     |
| FORMALITY REVIEW          | <i>2A</i>  | <i>56583</i> | <i>09/11/00</i> |
| RESPONSE FORMALITY REVIEW |            |              |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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